loase type a plus sign (+) inside this box \rightarrow]			Аррга	wed for us	p. se through 9/30/98.	TO/SB/01 (8-96)	
nder the Paperwork Reduction Act of 1995, no p	ersons are required t	o respond	Patent and to a collection of	Trademad information	k Office: U unless it	J.S. DEPARTMENT contains a valid CM	OF COMMERCE B control number.	
		Attorr	ney Docket Nu	ımber				
DECLARATION	FOR	First	Named Invent	tor	Mark	VERRALL		
UTILITY OR DE	SIGN		CON	MPLETE	IF KNO)WN		
PATENT APPLIC	ATION	Appli	cation Number		•	*	;	
•		Filing	Date					
	aration nitted after	Grou	p Art Unit		-)(-			
	l Filing	Exan	niner Name					
As a below named inventor, I hereby de	clare that:			<u> </u>			=	
My residence, post office address, and citi		i below ne	ext to my name.			•		
I believe I am the original, first and sole in	entor (if only one nar	me Is liste	d below or an occ	inal firet o	ad lolat la	ventos & nhimi nom	aisa masa	
below) of the subject matter which is claim	ed and for which a pa	atent is so	ought on the invent	ion entitled	:	ventor (ii pidraii nam	es are listed	
OPTICAL RETA	RDATION FIL	.M					1 1	
			4					
the specification of which	(Tītie	of the inv	ention)					
is attached hereto						•		
OR								
X was filed on (MM/DDYYYY)	09/05/1997		as (Jnited State	s Applica	ition Number or PCT	International	
						•		
Application Number PCT/EP97	/04827 and v	was amer	ided on (MM/DD/Y				(if applicable).	
I hereby state that I have reviewed and u amendment specifically referred to above	nderstand the conten	nts of the	sbove identified sp	ecification.	including	the claims, as amer	nded by any	
I acknowledge the duty to disclose inform	nation which is materi	ial to pate	ntabiity as defined	l in Title 37	Code of F	Federal Regulations.	,§1.56.	
I hereby claim foreign priority benefits und certificate, or 6365 (a) of any PCT intern-	er Title 35, United St	ales Code	e § 119 (a)-(d) or §	365(b) of a	ny foreign	application(s) for p	atent or inventor's	
certificate, or §365 (a) of any PCT intern- below and have also identified below, by application having a filing date before that	checking the box. a	nv foreig	gnated at least on					
Prior Foreign Application Number(s)	Country		Foreign Filing D		ority	Certified Cop	y Attached?	
EP96114855.8 Euro	200 ·		(MWDDYYYY		Claimed	YES	NO	
Eur	ope	,	09/17/199	96 (- 1			
		<i></i>	*		╡		H	
			÷ ,	*				
Additional foreign application numbers	ere Ested on a supple	emental p	nority sheet attach	ed herelo:				
I hereby claim the benefit under Title 35, t			and the second second		application	on(s) fisted below.		
Application Number(s)		ate (MM/DD/YYYY)				Innlication		
·					Additional provisional application numbers are listed on a			
	-					emental priority ed hereto	sheet ·	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid CMB control number.

FC	1 Δ	R	Δ٦	71	d	N

I horeby claim the boneft under Title 35, United States Code § 129 of a		
de signating the United States of America, fisted below and, insolar as the		
prior United States or PCT International application in the manner		
acknowledge the duty to disclose information which is material to pa		
became available between the filing date of the prior application and the	netional or PCT International King	date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filling Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
			_
		٠.	
	. • •		

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patient and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
I. William Millen	19,544	Brion P. Heaney	32,542
John L. White	17,746	Diana Hamlet-King	33,302
Anthony J. Zelano	27,969	Richard J. Traverso	30,595
Alan E.J. Branigan	20,565	Richard K. Kurtz	33,936
John R. Moses	24,983	John A. Sopp	33,103
Harry B. Shubin	32,004	Richard M. Lebovitz John H. Thomas	37,067 33,460

Additional registered practitioner(s) named on a supplemental sheet attached hereta.

Direct	a E	∞rrespond	 •
	•	WII COPURE	-

Name.	MILLEN, WHITE, ZELAN	O & BRANIGAN, E	P.C.	
Address	2200 Clarendon Blvd.	, Suite 1400		
Address				
City	Arlington	1	Ctata Virginia	71p 22201

U.S.A. (703) 243-6333 (703) 243-6410 Telephone Country Fax

I hereby declare that all statements made herein of my own throwledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that will'ul false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such withit false statements may jeopardize the validity of the application or any patent issued thereon.

Name of	Sole or F	Irst Inventor:	A petition has been filed for this unsigned inventor					ж	
Given Name	Mark		Middle Initial		Family Name	VERRALL		Suffix e.g. Jr.	
Inventor's Signature		Modlen					Date	Jan. 20,	1999
Residence:	City	Dorset	State	GB	Country	٠	·,	Ctttrenship	GB

c/o MERCK KGaA Post Office Address

Post Office Address 64271 Darmstadt

City ΖIp Darmstadt State DE Country Germany PTO/SB01 (8-05)
Please type a plus sign (+) inside this box

+ Period and Trademark Office U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a coffection of information unless it contains a valid OMB control number.

	DECLARATION						ADDITIONAL INVENTOR(S) Supplemental Sheet						
Name of	Additio	nal Joint Invento	or. If an	ıv:			☐ A pet	Bon has be	en filed fo	r this uns	laned I	riventor	
Given Name	Man			Midd			Family Name	GOULE			Surfix en dr		
Inventor's Signature				1	.:	/	*			Date	Ja	n. 20,	1999
Residence: City	Ро	ole, Dorset		8	Sint C	В	county				C	Xizonehip	GB
Post Office	Address	c/o MERCI	K KGa	ıΑ							•	•	
Post Office	Address	64271 Da	rmsta	dt									
CITY	Darms		State	DE	Zφ			Country	Gen	many			· · · · · · · ·
Name of	Additio	mal Joint Invent	or, if a					65on has b	een Bed k	or this un	peuts	knyentor	
Given Name	Qu	entin		Midd		· · ·	Family Hame	H0[OGES			Suc e.g.	
Inventor's Signature		O. Hodges			·				٠	Date	Ja	n. 20,	1999
Residence: City	P	oole			State	GB	Country				·	Attzenship .	GB
Post Office /	Address	c/o MERCK	KGa/	۸ ,								•	
Post Office /	Address	64271 Da	rmsta	adt			. —	· -					
City	Darms		State	I DE	Ziφ			Country		many			
Name and Address of the Owner, where the Person of the Owner, where the Person of the Owner, where the Owner,	Addition	onal Joint Inven	tor, it a	iny:				ettion has t	been filed t	for this un	signed		
Given Name	Ве	· · · · · · · · · · · · · · · · · · ·		·	Tulgal Tulgal		Family Name	G01	DDEN	· · · · · · · · · · · · · · · · · · ·	· · · · ·	sura e.g.	
Inventoria Signature		BM God	lley	1					. •	Date	Ja	ın. 20,	1999
Residence: City	Po	ole			State	GB	Country					Citizenetyl	GB
Post Office	Address	c/o MERC	K KG	аA									
Post Office	Address	64271 D	arms	tadi	t .								
CIA	Darms		State	100	Ζīφ			Country	Germ	nany			
Name of	Additio	onal Joint Invent	or, if a	my:				ettion has	been filed	for this u	nzigne	d Inventor	
Given Name		** J			Middle		Family Name					Sur e.g.	
Inventor's Signature						•				Date			
Residence: City					State		Country	·	\$			Citizenship	
Post Office	Address					•			-				
Post Office	Address										•		 -
			•										•
City		nventors are hei	State	<u> </u>	Zip			Country					

Please type a plus sign (+) Inside this box → 📙	Ploase t	уро в	plus	eign (+)	Inside	Uhis	box	→	7
---	----------	-------	------	----------	--------	------	-----	---	---

PTO/SB/01 (8-96)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

PRIORITY DATA (Supplemental Sheet)

Additional foreign applic	ations:							
Prior Foreign Application Number(s)	Country		Foreign F (MM/D	iling Date	Priority Not Claimed	Certified Copy Attached? YES NO		
					0000	0000		
					000000000000000			
i.								
Additional provisional a			1		I			
Appli	cation Number	······································		Filing Date (MM/DD/YYYY)				
Additional U.S. applicati	ons.				· · ·			
U.S. Parent Applica Number		PCT Paren Number	t .	Parent F (MM/DI	Tiling Date	Parent Patent Number (if applicable)		
		·		-		-		
						-		
						-		

Please	type	a plus	sign	(+)	insido	lhis	box	-
--------	------	--------	------	-----	--------	------	-----	---

	PTO/SB/01	(8-96
Approved for use through 9/30/98.	OMB 065	1-0032
-4 T-4 OFILS DERADMICA	T OF OO	

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless It contains a valid CMB control number.

DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
	,		
·			
	·		î.
		*	
	İ		·
		-	
	•		
			*
			<u>.</u>
		-	
	<u> </u>		